

EXHIBIT 11

EXHIBIT 11

EXHIBIT 11

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STATE OF NEVADA



BARBARA K. CEGAUSKE
Secretary of State

KIMBERLEY PERONDI
*Deputy Secretary
for Commercial Recordings*

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

OFFICE OF THE
SECRETARY OF STATE

Copy Request

March 22, 2017

Job Number: C20170322-0881

Reference Number: 00010584913-21


Expedite:

Through Date:

Document Number(s)	Description	Number of Pages
C15582-1999-001	Articles of Incorporation	4 Pages/1 Copies
C15582-1999-006	Annual List	1 Pages/1 Copies
C15582-1999-003	Amendment	2 Pages/1 Copies
C15582-1999-007	Annual List	1 Pages/1 Copies
C15582-1999-005	Annual List	1 Pages/1 Copies
C15582-1999-004	Annual List	1 Pages/1 Copies
C15582-1999-002	Annual List	1 Pages/1 Copies
20060310565-38	Registered Agent Resignation	5 Pages/1 Copies
20080064431-38	Reinstatement	1 Pages/1 Copies
20080064437-94	Acceptance of Registered Agent	1 Pages/1 Copies
20080545234-43	Annual List	1 Pages/1 Copies
20090503728-56	Annual List	1 Pages/1 Copies
20100536595-66	Annual List	1 Pages/1 Copies
20110418886-09	Annual List	1 Pages/1 Copies
20120451314-13	Annual List	1 Pages/1 Copies
20130417634-81	Annual List	1 Pages/1 Copies
20140445061-67	Annual List	1 Pages/1 Copies
20150311972-71	Annual List	1 Pages/1 Copies
20160294736-50	Annual List	1 Pages/1 Copies
20170107375-53	Amended List	1 Pages/1 Copies

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

Respectfully,

A handwritten signature in black ink, reading "Barbara K. Cegavske". The signature is written in a cursive style with a large, stylized 'B' and 'C'.

BARBARA K. CEGAVSKE
Secretary of State

FILED # 015582-99

JUN 23 1999

IN THE OFFICE OF
Dean Hill
DEAN HILL, SECRETARY OF STATE

Articles of Incorporation
of
Allan G. Holms & Associates, Inc.

\$125
pm

The undersigned incorporator, desiring to form a corporation pursuant to the laws of the State of Nevada, adopts the following Articles of Incorporation for such corporation:

ARTICLE I

NAME

The name of the Corporation is ALLAN G. HOLMS & ASSOCIATES, INC.

ARTICLE II

AUTHORIZED CAPITAL

The Corporation shall have the authority to issue a total of 25,000 shares of common stock with no par value.

ARTICLE III

RESIDENT AGENT

The name and address of the Corporation's initial resident agent is Jolley, Urga, Wirth & Woodbury, 3800 Howard Hughes Parkway, Suite 1600, Las Vegas, Nevada, 89109.

ARTICLE IV

PURPOSE

The purpose for which the corporation is organized is to engage in any lawful activity.

ARTICLE V

INITIAL BOARD OF DIRECTORS

The members of the governing board of the Corporation shall be styled directors. The initial board of directors shall consist of one (1) director, and the name and address of the person who shall serve as the director until the first annual meeting of shareholders, or until his successor is elected and qualified, is:

Name

Address

Judi Herring

3800 Howard Hughes Parkway
Suite 1600
Las Vegas, Nevada 89109

The number of directors may be increased or decreased from time to time in the manner provided in the bylaws of the Corporation.

ARTICLE VI

INDEMNIFICATION

The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, including an action by or in the right of the Corporation, by reason of the fact that he or she is or was a director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against expenses, including attorneys' fees, judgments, fines and amounts paid in settlement actually and reasonably incurred by him or her in connection with the action, suit or proceeding if he or she acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of the Corporation, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful.

ARTICLE VII

LIMITATION OF DIRECTOR LIABILITY

No director of the Corporation shall be personally liable to the Corporation or its shareholders for monetary damages for breach of fiduciary duty as a director; provided, however, that this Article VI shall not eliminate or limit the liability of a director to the extent provided by applicable law for (i) acts or omissions which involve intentional misconduct, fraud or a knowing violation of law; or (ii) authorizing the unlawful payment of any dividend or other distribution in violation of Section 78.300 of the Nevada Revised Statutes. The limitation of liability provided

herein shall continue after a director has ceased to occupy such position as to acts or omissions occurring during such director's term or terms of office, and no amendment or repeal of this Article VI shall apply to or have any effect on the liability or alleged liability of any director of the Corporation for or with respect to any acts or omissions of such director occurring prior to such amendment or repeal.

ARTICLE VIII
INCORPORATORS

The name and address of the incorporator is:

Name

Judi Herring

Address

3800 Howard Hughes Parkway
Suite 1600
Las Vegas, Nevada 89109

All powers, duties and responsibilities of the incorporator shall cease upon the filing of these Articles of Incorporation by the Secretary of State of Nevada.

DATED this 23 day of June 1999.



Judi Herring

STATE OF NEVADA)
)
COUNTY OF CLARK) ss.

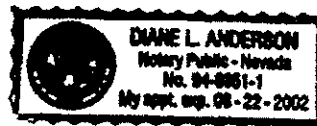
On this 23 day of June 1999, before me, the undersigned, a Notary Public in and for the County of Clark, State of Nevada, duly commissioned and sworn, personally appeared Judi Herring, known (or proved) to me to be the person who executed the above instrument, and who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

RECEIVED
JUN 23 1999

SECRETARY OF STATE



NOTARY PUBLIC



FILED # C15582-99

JUN 23 1999

CERTIFICATE OF ACCEPTANCE
OF APPOINTMENT BY RESIDENT AGENT

IN THE OFFICE OF
Dean Heller
DEAN HELLER SECRETARY OF STATE

In the matter of ALLAN G. HOLMS & ASSOCIATES, INC., we, JOLLEY, URGAS, WIRTH & WOODBURY, with address at 3800 Howard Hughes Parkway, Suite 1600, Clark County, Las Vegas, Nevada, 89109, hereby accept the appointment as Resident Agent of the above-entitled corporation in accordance with NRS 78.090.

IN WITNESS WHEREOF, we hereunto set our hand this 23RD day of June 1999.

JOLLEY, URGAS, WIRTH & WOODBURY

By: *[Signature]*

For the firm

Resident Agent

RECEIVED
JUN 23 1999

SECRETARY OF STATE

INITIALS: [REDACTED] FILE NUMBER: 015582-99
 ALLAN G. HOLMS & ASSOCIATES, INC.

NEVADA (Name of Corporation) CORPORATION FOR THE FILING PERIOD 1999 TO 2000
 (State of Incorporation)

The Corporation's duly appointed Resident Agent in the State of Nevada upon whom process can be served is:

JOLLEY URG A WIRTH & WOODBURY
 3800 HOWARD HUGHES PARKWAY
 SUITE 1600
 LAS VEGAS NV 89109

FOR OFFICE USE ONLY
 FILED (DATE)
FILED
 NOV 17 1999
 Dean Heller
 Secretary of State

- PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.
1. Print or type names and addresses, either residence or business, for all officers and directors. A president, secretary, treasurer and at least one director must be named.
 2. Have an officer sign the form. FORM WILL BE RETURNED IF UNSIGNED.
 3. Return the completed form with the \$85.00 filing fee. A \$15.00 penalty must be added for failure to file this form by the 1st day of the 2nd month following incorporation date.
 4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business per NRS 78.155. If you need the below attachment file stamped, enclose a self-addressed stamped envelope. To receive a certified copy, enclose a copy of this completed form, an additional \$10.00 and appropriate instructions.
 5. Return the completed form to: Secretary of State, 101 North Carson Street, Suite 3, Carson City, NV 89701-4786, (775) 684-5708

FILING FEE: \$85.00 LATE PENALTY: \$15.00

THIS FORM MUST BE FILED BY THE 1st DAY OF THE 2nd MONTH FOLLOWING INCORPORATION DATE.

NAME ALLAN G. HOLMS	TITLE(S) PRESIDENT /DIRECTOR
PO BOX 1314 S. GRAND #2-112	Spokane CITY WA ST. 99202
NAME ALLAN G. HOLMS	TITLE(S) SECRETARY
PO BOX 1314 S. GRAND #2-112	Spokane CITY WA ST. 99202
NAME ALLAN G. HOLMS	TITLE(S) TREASURER
PO BOX 1314 S. GRAND #2-112	Spokane CITY WA ST. 99202
NAME ALLAN G. HOLMS	TITLE(S) DIRECTOR
PO BOX 1314 S. GRAND #2-112	Spokane CITY WA ST. 99202
NAME [REDACTED]	TITLE(S) DIRECTOR
PO BOX [REDACTED]	[REDACTED] CITY [REDACTED] ST. [REDACTED]
NAME [REDACTED]	TITLE(S) DIRECTOR
PO BOX [REDACTED]	[REDACTED] CITY [REDACTED] ST. [REDACTED]
NAME [REDACTED]	TITLE(S) DIRECTOR
PO BOX [REDACTED]	[REDACTED] CITY [REDACTED] ST. [REDACTED]

he eby certify this initial list.

X Signature of officer

Allan G. Holms

President
 Title(s)

Date *10/20/99*

18 Q 15582-99

FEB 0 8 2000

IN THE OFFICE OF
Dean Hall
DEAN HALL, SECRETARY OF STATE

CERTIFICATE OF AMENDMENT OF
ARTICLES OF INCORPORATION
OF

Allan G. Holms & Associates, Inc.

\$175
afw

I, the undersigned, Allan G. Holms, President and Secretary of Allan G. Holms & Associates, Inc., do hereby certify:

That the Board of Directors of the Corporation by written consent dated December 28 1999, adopted a resolution to amend the original articles as follows:

ARTICLE I is hereby amended to read as follows:

ARTICLE I

NAME

The name of the corporation is:

A. A. T. & ASSOCIATES, INC.

The number of shares of the corporation outstanding and entitled to vote on an amendment to the Articles of Incorporation is 1,000; that the said change and amendment has been consented to and approved by the vote of the stockholders holding at least a majority of each class of stock outstanding and entitled to vote thereon.

DATED this 28 day of December 1999.

ALLAN G. HOLMS & ASSOCIATES, INC.

By *Allan G. Holms*
Its *Pres.*

STATE OF WASHINGTON)
)
COUNTY OF Spokane) ss.

On this 28 day of December 1999, before me, the undersigned, a Notary Public in and for the County of Spokane, State of Washington, duly commissioned and sworn, personally appeared Allan G. Holms, known (or proved) to me to be the President and Secretary of Allan G. Holms & Associates, Inc. that executed the within instrument and known to me to be the person who affixed his name thereto as such President and Secretary, and who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

Mary E. Williams
NOTARY PUBLIC



RECEIVED
FEB 03 2000

SECRETARY OF STATE

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:

A.A.T. & ASSOCIATES, INC.

FILE NUMBER

15582-1999

FOR THE PERIOD JUN 2000 TO 2001. DUE BY JUN 30, 2000.
 The Corporation's duly appointed resident agent in the
 State of Nevada upon whom process can be served is:

RA# 13361

FOR OFFICE USE ONLY

FILED (DATE)

FILED

AUG 23 2000

Secretary of State
Deann Heller

JOLLEY URG A WIRTH & WOODBURY

3800 HOWARD HUGHES PKWY STE 1600
LAS VEGAS NV 89109

☐ IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF
 RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all officers and directors. A **President, Secretary, Treasurer and all Directors** must be named. There must be at least one director. Last year's information may have been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. An officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional directors, attach a list of them to this form.
3. Return the completed form with the \$85.00 filing fee. A \$15 penalty must be added for failure to file this form by the deadline. An annual list received more than 60 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the **Secretary of State**. Your canceled check will constitute a certificate to transact business per NRS 78.155. If you need the below attachment file stamped, enclose a self-addressed stamped envelope. To receive a certified copy, enclose a copy of this completed form, an additional \$10.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 101 North Carson Street, Suite #3, Carson City, NV 89701-4786, (775) 684-5708.

FILING FEE: \$85.00

PENALTY: \$15.00

NAME ALLAN G HOLMS	TITLE(S) PRESIDENT		
P.O. BOX	STREET ADDRESS 1314 S GRAND #2-112	CITY SPOKANE	ST. ZIP WA 99202
NAME ALLAN G HOLMS	TITLE(S) SECRETARY		
P.O. BOX	STREET ADDRESS 1314 S GRAND #2-112	CITY SPOKANE	ST. ZIP WA 99202
NAME ALLAN G HOLMS	TITLE(S) TREASURER		
P.O. BOX	STREET ADDRESS 1314 S GRAND #2-112	CITY SPOKANE	ST. ZIP WA 99202
NAME ALLAN G. HOLMS	TITLE(S) DIRECTOR		
P.O. BOX	STREET ADDRESS 1314 S. GRAND #2112	CITY SPOKANE	ST. ZIP WA 99202
NAME	TITLE(S) DIRECTOR		
P.O. BOX	STREET ADDRESS	CITY	ST. ZIP

I hereby certify this annual list.

X Signature of Officer

Date

7/29/00

ANNUAL LIST OF OFFICERS, DIRECTORS AND AGENTS OF:**A.A.T. & ASSOCIATES, INC.**

FILE NUMBER

15582-1999

FOR THE PERIOD JUN 2001 TO 2002. DUE BY JUN 30, 2001.
 The Corporation's duly appointed resident agent in the
 State of Nevada upon whom process can be served is:

RA# 13361

FOR OFFICE USE ONLY
FILED (DATE)

JOLLEY URG A WIRTH & WOODBURY

 3800 HOWARD HUGHES PKWY STE 1600
 LAS VEGAS NV 89109

FILED
JUL 10 2001
 Dean Heller
 Secretary of State

☐ IF THE ABOVE INFORMATION IS INCORRECT, PLEASE CHECK THIS BOX AND A CHANGE OF
 RESIDENT AGENT/ADDRESS FORM WILL BE SENT.

PLEASE READ INSTRUCTIONS BEFORE COMPLETING AND RETURNING THIS FORM.

1. Include the names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer and all Directors must be named. There must be at least one director. Last year's information may have been preprinted. If you need to make changes, cross out the incorrect information and insert the new information above it. An officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
2. If there are additional directors, attach a list of them to this form.
3. Return the completed form with the \$85.00 filing fee. A \$15 penalty must be added for failure to file this form by the deadline. An annual list received more than 60 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business per NRS 78.155. If you need the below attachment file stamped, enclose a self-addressed stamped envelope. To receive a certified copy, enclose a copy of this completed form, an additional \$10.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 101 North Carson Street, Suite #3, Carson City, NV 89701-4786. (775) 684-5708.

FILING FEE: \$85.00

PENALTY: \$15.00

NAME ALLAN G HOLMS	TITLE(S) PRESIDENT
P.O. BOX	STREET ADDRESS 1314 S GRAND #2-112
	CITY SPOKANE
	ST. WA
	ZIP 99202
NAME ALLAN G HOLMS	TITLE(S) SECRETARY
P.O. BOX	STREET ADDRESS 1314 S GRAND #2-112
	CITY SPOKANE
	ST. WA
	ZIP 99202
NAME ALLAN G HOLMS	TITLE(S) TREASURER
P.O. BOX	STREET ADDRESS 1314 S GRAND #2-112
	CITY SPOKANE
	ST. WA
	ZIP 99202
NAME ALLAN G. HOLMS	TITLE(S) DIRECTOR
P.O. BOX	STREET ADDRESS 1314 S GRAND #2-112
	CITY SPOKANE
	ST. WA
	ZIP 99202
NAME	TITLE(S) DIRECTOR
P.O. BOX	STREET ADDRESS
	CITY
	ST.
	ZIP

I hereby certify this annual list.

X Signature of Officer

Date

6/11/01

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF
A.A.T. & ASSOCIATES, INC.

FILE NUMBER

(Name of Corporation)

15532-1999

A NEVADA

CORPORATION

FOR THE FILING PERIOD JUN 2002

TO 2003

(State of Incorporation)

The corporation's duly appointed resident agent in the State of Nevada:
upon whom process can be served is:JOLLEY URGIA WIRTH & WOODBURY
3800 HOWARD HUGHES PARKWAY
SUITE 1600
LAS VEGAS, NV 89109

RA 7/2/02

☐ IF AGENT INFORMATION HAS CHANGED, PLEASE SEE ATTACHED
INSTRUCTIONS ON HOW TO OBTAIN THE APPROPRIATE FORM.

Office Use Only

FILED #
SEP 23 2002IN THE OFFICE OF
Don Hill
COMMISSIONER SECRETARY OF STATE**Important. Read instructions before completing and returning this form.**

1. Print or type names and addresses either residence or business, for all officers and directors. A president, secretary, treasurer and at least one director must be named. Have an officer sign the form. **FORM WILL BE RETURNED IF UNSIGNED**
2. If there are additional directors attach a list of them to this form.
3. Return the completed form with the \$85.00 filing fee. A \$50.00 penalty must be added for failure to file this form by the last day of the anniversary month of the incorporation/initial registration with this office.
4. Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business per NRS 78.155. If you need a receipt, return page 2 certificate and **ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE** to receive a certified copy, enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201 (775) 684-5708.

FILING FEE: \$85.00

LATE PENALTY: \$50.00

NAME ALLAN G. HOLMS	TITLE(S) PRESIDENT
PO BOX 1314 S GRAND #2-112	STREET ADDRESS 1314 S GRAND #2-112
CITY SPOKANE	ST WA
ZIP 99202	
NAME ALLAN G. HOLMS	TITLE(S) SECRETARY
PO BOX 1314 S GRAND #2-112	STREET ADDRESS 1314 S GRAND #2-112
CITY SPOKANE	ST WA
ZIP 99202	
NAME ALLAN G. HOLMS	TITLE(S) TREASURER
PO BOX 1314 S GRAND #2-112	STREET ADDRESS 1314 S GRAND #2-112
CITY SPOKANE	ST WA
ZIP 99202	
NAME ALLAN G. HOLMS	TITLE(S) DIRECTOR
PO BOX 1314 S GRAND #2-112	STREET ADDRESS 1314 S GRAND #2-112
CITY SPOKANE	ST WA
ZIP 99202	
NAME ALLAN G. HOLMS	TITLE(S) DIRECTOR
PO BOX 1314 S GRAND #2-112	STREET ADDRESS 1314 S GRAND #2-112
CITY SPOKANE	ST WA
ZIP 99202	
NAME ALLAN G. HOLMS	TITLE(S) DIRECTOR
PO BOX 1314 S GRAND #2-112	STREET ADDRESS 1314 S GRAND #2-112
CITY SPOKANE	ST WA
ZIP 99202	

I declare, to the best of my knowledge, under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

X Signature of officer

Title(s)

Date

President
9/5/02

**(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF
A.A.T. & ASSOCIATES, INC.**

FILE NUMBER

15582-1999

(Name of Corporation)

A NEVADA

CORPORATION

FOR THE FILING PERIOD JUN 2003

TO 2004

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

JOLLEY URGAS WIRTH & WOODBURY RA #13361
3800 HOWARD HUGHES PARKWAY
SUITE 1600
LAS VEGAS, NV 89109

☐ IF AGENT INFORMATION HAS CHANGED, PLEASE SEE ATTACHED INSTRUCTIONS ON HOW TO OBTAIN THE APPROPRIATE FORM.

Office Use Only

FILED # _____

MAY 06 2003

IN THE OFFICE OF
Don Hill
DEAN HILLER, SECRETARY OF STATE

Important. Read instructions before completing and returning this form.

1. Print or type names and addresses either residence or business, for all officers and directors. A president, secretary, treasurer and at least one director must be named. Have an officer sign the form. FORM WILL BE RETURNED IF UNSIGNED
2. If there are additional directors attach a list of them to this form.
3. Return the completed form with the \$85.00 filing fee. A \$50.00 penalty must be added for failure to file this form by the last day of the anniversary month of the incorporation/initial registration with this office.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business per NRS 78.155. If you need a receipt, return page 2 certificate and ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE. To receive a certified copy, enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201 (775) 684-5708.

FILING FEE: \$85.00 LATE PENALTY: \$50.00

NAME ALLAN G. HOLMS	TITLE(S) PRESIDENT		
PO BOX 1314 S GRAND #2-112	STREET ADDRESS	CITY SPOKANE	ST WA ZIP 99202
NAME ALLAN G. HOLMS	TITLE(S) SECRETARY		
PO BOX 1314 S GRAND #2-112	STREET ADDRESS	CITY SPOKANE	ST WA ZIP 99202
NAME ALLAN G. HOLMS	TITLE(S) TREASURER		
PO BOX 1314 S GRAND #2-112	STREET ADDRESS	CITY SPOKANE	ST WA ZIP 99202
NAME ALLAN G. HOLMS	TITLE(S) DIRECTOR		
PO BOX 1314 S GRAND #2-112	STREET ADDRESS	CITY SPOKANE	ST WA ZIP 99202
NAME	TITLE(S) DIRECTOR		
PO BOX	STREET ADDRESS	CITY	ST ZIP
NAME	TITLE(S) DIRECTOR		
PO BOX	STREET ADDRESS	CITY	ST ZIP

I declare to the best of my knowledge, under penalty of perjury, that the above mentioned entity has complied with the provisions of chapter 364A of NRS.

X Signature of officer

Title(s)

Date



DEAN HELLER
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684 5708
 Website: secretaryofstate.biz

Certificate of Resignation of Resident Agent

Filed in the office of <i>Dean Heller</i>	Document Number 20060310565-38
Dean Heller Secretary of State State of Nevada	Filing Date and Time 05/15/2006 6:16 AM
	Entity Number C15582-1999

Important: Read attached instructions before completing form.

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Resignation of Resident Agent

1. Then name of the resident agent who desires to resign from the following entities (one resident agent name or entity per form and fee):

JOLLEY URGAL WIRTH WOODBURY & STANDISH
 (Name of Resident Agent)

2. The name(s) and file number(s) of the entity(ies) for which resignation(s) is being made (use additional forms if necessary):

A & S, INC.

(Name of Entity)

C3137-2003
 (File Number)

A.A.T. & ASSOCIATES

(Name of Entity)

C15582-1999
 (File Number)

AFER INTERNATIONAL

(Name of Entity)

C14537-1999
 (File Number)

AL-JE ENTERPRISES, INC.

(Name of Entity)

C11246-1991
 (File Number)

ALLAN G. HOLMS, INC.

(Name of Entity)

C12238-2002
 (File Number)

3. Other information (optional):

4. Signature of aforementioned resident agent:

Alvin R. Ashcraft

5. Fees: \$100.00 for the first entity and \$1.00 for each additional entity listed.

This form must be accompanied by appropriate fees.



DEAN HELLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708
Website: secretaryofstate.biz

Additional Page to Certificate of Resignation of Resident Agent

Important: Indicate page number at the bottom of this page.

Additional Page to Certificate of Resignation of Resident Agent

ABOVE SPACE IS FOR OFFICE USE ONLY

AMERICAN AIR GROUP L.L.C.
(Name of Entity)

ANGELA BRASSER PHOTOGRAPHY, LLC
(Name of Entity)

BOB GRABBER CONCRETE, LLC
(Name of Entity)

BOULDER CITY FOLK FESTIVAL
(Name of Entity)

BRUCE A. RAYMOND, INC.
(Name of Entity)

C2 CONSULTING, INC.
(Name of Entity)

CANTERBURY DEVELOPMENT CORPORATION
(Name of Entity)

CRUSHER RENAL OF AMERICA, L.L.C.
(Name of Entity)

CYPRESS CREEK TRADING CORP.
(Name of Entity)

DECATUR/ELKHORN L.L.C.
(Name of Entity)

DIXIE AUGUSTINE INVESTORS, INC.
(Name of Entity)

ELITE DEVELOPMENT CORP.
(Name of Entity)

GARDEN PROPERTIES, INC.
(Name of Entity)

GFX DIRECT, INC.
(Name of Entity)

LLC3553-1997
(File Number)

LLC3136-2001
(File Number)

LLC2636-1998
(File Number)

C28498-1998
(File Number)

C8804-1998
(File Number)

C19964-02003
(File Number)

C6477-1986
(File Number)

LLC55-1996
(File Number)

C18786-2001
(File Number)

LLC5658-1994
(File Number)

C20728-1998
(File Number)

C5362-1995
(File Number)

C8569-1994
(File Number)

C2526-2004
(File Number)

Page Number 2

This form must be accompanied by appropriate fees.



DEAN HELLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708
Website: secretaryofstate.biz

Additional Page to Certificate of Resignation of Resident Agent

Important: Indicate page number at the bottom of this page.

Additional Page to Certificate of Resignation of Resident Agent

ABOVE SPACE IS FOR OFFICE USE ONLY

GIBSON INVESTMENT CLUB
(Name of Entity)

C11662-1991
(File Number)

H C CAPITAL CORP.
(Name of Entity)

C7035-1997
(File Number)

HOLLYWOOD HOSPITALITY CORPORATION
(Name of Entity)

C10242-1999
(File Number)

IMAGE DEVELOPMENT, INC.
(Name of Entity)

C30242-2001
(File Number)

IMPERIAL LIMITED PARTNERSHIP
(Name of Entity)

LP404-1989
(File Number)

INTERCONTINENTAL REAL ESTATE & DEVELOPMENT, L.L.C.
(Name of Entity)

LLC14211-1996
(File Number)

INTERNATIONAL SOURCING SOLUTIONS, L.L.C.
(Name of Entity)

LLC15353-2002
(File Number)

MECA DEVELOPMENT COMPANY, LLC
(Name of Entity)

LLC4856-1999
(File Number)

PLATINUM FOUR
(Name of Entity)

C21203-2000
(File Number)

PROGRESSIVE PROPERTIES, LTD.
(Name of Entity)

LLC100-1995
(File Number)

R & M PROPERTY INVESTMENTS, LLC
(Name of Entity)

LLC4733-2004
(File Number)

R & R PROPERTY MANAGEMENT, LLC
(Name of Entity)

LLC13092-2003
(File Number)

REAL ESTATE INVESTMENT CORPORATION OF AMERICA
(Name of Entity)

C412-1998
(File Number)

RW CONSULTING SOLUTIONS, LLC
(Name of Entity)

LLC4449-1999
(File Number)

Page Number 3

This form must be accompanied by appropriate fees.

Nevada Secretary of State RA Resignation Addendum 1.2005
Revised on 11/13/05



DEAN HELLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708
Website: secretaryofstate.biz

Additional Page to Certificate of Resignation of Resident Agent

Important: Indicate page number at the bottom of this page.

ABOVE SPACE IS FOR OFFICE USE ONLY

Additional Page to Certificate of Resignation of Resident Agent

S C HOMES, INC. (Name of Entity)	C3350-1979 (File Number)
SANDCASTLE AGENCIES, INC. (Name of Entity)	C32337-2001 (File Number)
SAR HOLDINGS INC. (Name of Entity)	C33792-2000 (File Number)
SARATOGA PUBLISHING CORP. (Name of Entity)	C14075-1997 (File Number)
SARATOGA VENDING CORP. (Name of Entity)	C11062-1996 (File Number)
SCHUETZ INC. (Name of Entity)	C18997-1997 (File Number)
SEAPORT VILLAGE DEVELOPMENT, L.L.C. (Name of Entity)	LLC13923-1996 (File Number)
SEAPORT VILLAGE DEVELOPMENT CORPORATION/PRINCESS MAHAELANI RESORT AND (Name of Entity)	C16840-1993 (File Number)
SHOESTRING DEVELOPMENT GROUP (Name of Entity)	C25613-1997 (File Number)
SILVER STATE INVESTMENT, L.L.C. (Name of Entity)	LLC13369-1996 (File Number)
SILVERADO AUTO SPA, INC. (Name of Entity)	C1607-2001 (File Number)
SILVERSTONE INVESTMENT GROUP, LLC (Name of Entity)	E0604002005-9 (File Number)
STERLING GROUP, THE (Name of Entity)	C9029-1999 (File Number)
STIW, LLC (Name of Entity)	LLC4485-1999 (File Number)

Page Number 4

This form must be accompanied by appropriate fees.



DEAN HELLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684 5708
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Additional Page to Certificate of Resignation of Resident Agent

Important: Indicate page number at the bottom of this page.

ABOVE SPACE IS FOR OFFICE USE ONLY

Additional Page to Certificate of Resignation of Resident Agent

SWC ENTERPRISES, INC.
(Name of Entity)

C2949-1979
(File Number)

TRANSPORTATION MANAGEMENT AND LEASING, INC.
(Name of Entity)

C28678-1999
(File Number)

TRE J RECORDS, INC.
(Name of Entity)

C12235-1995
(File Number)

TRI-TECH INTERNATIONAL OF VIRGINIA
(Name of Entity)

C16414-1996
(File Number)

TRU-MEASUR LEASING, INC.
(Name of Entity)

C5251-1989
(File Number)

TUSCAN STEAK-LAS VEGAS LLC
(Name of Entity)

LLC2126-1998
(File Number)

VEGAS BABY
(Name of Entity)

C17546-2002
(File Number)

VIVIAN AND JOSEPH LEVIN RECOGNITION OF EXCELLENCE FOUNDATION, THE
(Name of Entity)

C28376-2003
(File Number)

WILLOW GALLERY, INC.
(Name of Entity)

C12484-1992
(File Number)

(Name of Entity)

(File Number)

(Name of Entity)

(File Number)

(Name of Entity)

(File Number)

(Name of Entity)

(File Number)

(Name of Entity)

(File Number)

Page Number 5

This form must be accompanied by appropriate fees.

Nevada's Secretary of State RA Resignation Additional 1 2003
Revised on 11/12/03

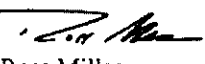
(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND RESIDENT AGENT OF

FILE NUMBER

A.A.T. + ASSOCIATES, INC.
(Name of Corporation)**12238-2002**FOR THE FILING PERIOD OF **6/30/2004** TO **6/30/2008**

The corporation's duly appointed resident agent in the State of Nevada upon whom process can be served is:

INCORP SERVICES, INC.
355 EAST PATRICK LANE, SUITE 1
LAS VEGAS, NV 89120-3481A FORM TO CHANGE RESIDENT AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE: secretaryofstate.biz

Filed in the office of 	Document Number 20080064431-38
Ross Miller Secretary of State State of Nevada	Filing Date and Time 01/30/2008 12:39 PM
	Entity Number C15582-1999

Important: Read instructions before completing and returning this form.

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

☒ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to resident agent.)

- Print or type names and addresses of all residents or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all directors and all directors must be named. Have an Officer sign the form. **FORM WILL BE RETURNED IF UNSIGNED**
- If there are additional directors attach a list of them to this form.
- Return the completed form with the filing fee. Fee is based upon the current total authorized stock as explained on the Annual List Fee Schedule for Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before the due date shall be deemed an amended list for the previous year.
- Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
- Coloring Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, unless an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 303 North Carson Street, Carson City, NV 89701-4301, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

CHECK ONLY IF APPLICABLE

- ☐ This corporation is a publicly traded corporation. The Central Index Key number is: _____
- ☐ This publicly traded corporation is not required to have a Central Index Key number.

NAME ALLAN G. HOLMS		TITLE(S) PRESIDENT (OR EQUIVALENT OF)	
ADDRESS 1314 S. GRAND #2-112	CITY SPokane	ST WA	ZIP 99202
NAME ROBYN HOLMS		TITLE(S) SECRETARY (OR EQUIVALENT OF)	
ADDRESS 1314 S. GRAND #2-112	CITY SPokane	ST WA	ZIP 99202
NAME ROBYN HOLMS		TITLE(S) TREASURER (OR EQUIVALENT OF)	
ADDRESS 1314 S. GRAND #2-112	CITY SPokane	ST WA	ZIP 99202
NAME ALLAN G. HOLMS		TITLE(S) DIRECTOR	
ADDRESS 1314 S. GRAND #2-112	CITY SPokane	ST WA	ZIP 99202

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 389.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.


Signature of Officer

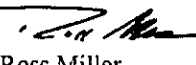
Title: **SEC/TREAS** Date: **1/28/08**

Nevada Secretary of State Form Annual List Profit 2007
Revised on: 01/01/07



ROSS MILLER
Secretary of State
882 North Carson Street
Carson City, Nevada 89601-4301
(775) 684 6766
Website: secretaryofstate.nv

Certificate of Change of Resident Agent and/or Location of Registered Office

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20080064437-94 Filing Date and Time 01/30/2008 12:39 PM Entity Number C15582-1999
---	---

USE BLACK INK ONLY - DO NO HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

General Instructions for this form:

1. Complete all fields.
2. The physical Nevada address of the resident agent must be set forth. P.M.B.'s are not acceptable.
3. Ensure that document is signed in signature fields.
4. Include the filing fee of \$80.00.
5. The change below is effective upon the filing of this document with the Secretary of State.

A.A.T. & ASSOCIATES, INC.

Name of Entity

File Number

Reason for change: (check one) ☒ Change of Resident Agent ☐ Change of Location of Registered Office

The former resident agent and/or location of the registered office was:

DELLAY, ALAN WORTH - Woodbury
Name
2000 HUNTER PARKWAY, SUITE 100 LAS VEGAS Nevada 89107
Physical Street Address City Zip Code
Mailing Address City State Zip Code

The resident agent and/or location of the registered office is changed to:

INCOOP SERVICES, INC.
Name
215 EAST PATRICK LANE, STE. 1 LAS VEGAS Nevada 89101
(MANDATORY) Physical Street Address City Zip Code
(OPTIONAL) Mailing Address City State Zip Code

Signature of Officer

For an entity to file this certificate, the signature of one officer is required.

X [Signature] President
Signature of Officer Title of Officer

Certificate of Acceptance of Appointment by Resident Agent

I hereby accept the appointment as Resident Agent for the above-named business entity.

X [Signature] on behalf of Incoop Services, Inc. 1/29/08
Authorized Signature of R.A. or On Behalf of R.A. Company Date

This form must be accompanied by appropriate fees.

Notarized Signature of State Representative
Notarized Signature of State Representative

P. 02/03

FAX NO. 509 624 1280

JAN-28-2008 MON 02:31 PM HOLMS&ASSOC.

P. 06/08

FAX NO. 509 624 1280

JAN-30-2008 WED 11:45 AM HOLMS&ASSOC.

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT OF

FILE NUMBER

A.A.T. & ASSOCIATES, INC.

C15582-1999

(Name of Corporation)

FOR THE FILING PERIOD OF 6/2008

TO 6/2009

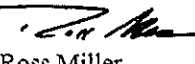
The corporation's duly appointed registered agent in the State of Nevada upon whom process can be served is:

INCRP SERVICES, INC. (Commercial Registered Agent)
 375 N STEPHANIE ST STE 1411
 HENDERSON, NV 89014-8909 USA

Filed in the office of

Document Number

20080545234-43


 Ross Miller
 Secretary of State
 State of Nevada

Filing Date and Time

08/15/2008 11:43 AM

Entity Number

C15582-1999

☐ CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR REGISTERED AGENT INFORMATION

Important: Read instructions before completing and returning this form.

(This document was filed electronically.)
 THE ABOVE SPACE IS FOR OFFICE USE ONLY

1. Print or type names and addresses either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors and all directors must be named. Have an officer sign the form. *FORM WILL BE RETURNED IF UNANSWERED*
2. If there are additional directors attach a list of them to this form.
3. Return the completed form with the filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business per NRS 78.155. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 897014201, (775) 884-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

CHECK ONLY IF APPLICABLE
☐ This corporation is a publicly traded corporation. The Central Index Key number is:

☐ This publicly traded corporation is not required to have a Central Index Key number.

NAME TITLE(S)
 ALLAN G HOLMS PRESIDENT (OR EQUIVALENT OF)

ADDRESS CITY St Zip
 375 N. STEPHANIE STREET SUITE 1411 HENDERSON NV 89014

NAME TITLE(S)
 ROBYN HOLMS SECRETARY (OR EQUIVALENT OF)

ADDRESS CITY St Zip
 375 N. STEPHANIE STREET SUITE 1411 HENDERSON NV 89014

NAME TITLE(S)
 ROBYN HOLMS TREASURER (OR EQUIVALENT OF)

ADDRESS CITY St Zip
 375 N. STEPHANIE STREET SUITE 1411 HENDERSON NV 89014

NAME TITLE(S)
 ALLAN G HOLMS DIRECTOR

ADDRESS CITY St Zip
 375 N. STEPHANIE STREET SUITE 1411 HENDERSON NV 89014

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 380.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Officer
 ROBYN HOLMS

Title: SECRETARY/TREASURER

Date: 8/15/2008 11:54:24 AM

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT OF

FILE NUMBER

A.A.T. & ASSOCIATES, INC.

C15582-1999

(Name of Corporation)

FOR THE FILING PERIOD OF 6/2009

TO 6/2010

The corporation's duly appointed registered agent in the State of Nevada upon whom process can be served is:

INCRP SERVICES, INC. (Commercial Registered Agent)
 375 N STEPHANIE ST STE 1411
 HENDERSON, NV 89014-8909 USA

Filed in the office of

Document Number

20090503728-56

Ross Miller
 Secretary of State
 State of Nevada

Filing Date and Time

06/24/2009 8:57 AM

Entity Number

C15582-1999

☐ CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR REGISTERED AGENT INFORMATION

Important: Read instructions before completing and returning this form.

(This document was filed electronically.)
 THE ABOVE SPACE IS FOR OFFICE USE ONLY

1. Print or type names and addresses either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors and all directors must be named. Have an officer sign the form. **FORM WILL BE RETURNED IF UNSIGNED**
2. If there are additional directors attach a list of them to this form.
3. Return the completed form with the filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business per NRS 78.155. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 897014201, (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due, (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

CHECK ONLY IF APPLICABLE
☐ This corporation is a publicly traded corporation. The Central Index Key number is:

☐ This publicly traded corporation is not required to have a Central Index Key number.

NAME		TITLE(S)	
ALLAN G HOLMS		PRESIDENT (OR EQUIVALENT OF)	
ADDRESS	CITY	St	Zip
375 N. Stephanie St. - Suite 1411 , USA	Henderson	NV	89014-8909
NAME		TITLE(S)	
ROBYN HOLMS		SECRETARY (OR EQUIVALENT OF)	
ADDRESS	CITY	St	Zip
375 N. Stephanie St. - Suite 1411 , USA	Henderson	NV	89014-8909
NAME		TITLE(S)	
ROBYN HOLMS		TREASURER (OR EQUIVALENT OF)	
ADDRESS	CITY	St	Zip
375 N. Stephanie St. - Suite 1411 , USA	Henderson	NV	89014-8909
NAME		TITLE(S)	
ALLAN G HOLMS		DIRECTOR	
ADDRESS	CITY	St	Zip
375 N. Stephanie St. - Suite 1411 , USA	Henderson	NV	89014-8909

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 330.780 and acknowledge that pursuant to NRS 330.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Officer
 ROBYN HOLMS

Title: Secretary

Date: 6/24/2009 8:56:56
 AM

**(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

A.A.T. & ASSOCIATES, INC.

C15582-1999

NAME OF CORPORATION

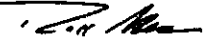
FOR THE FILING PERIOD OF 6/2010 TO 6/2011

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

110101

INCORP SERVICES, INC. (Commercial Registered Agent)
375 N STEPHANIE ST STE 1411
HENDERSON, NV 89014-8909 USA

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number
	20100536595-66
	Filing Date and Time
	07/20/2010 10:35 PM
	Entity Number
	C15582-1999

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov**USE BLACK INK ONLY - DO NOT HIGHLIGHT**
☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)
IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional officers, attach a list of them to this form.
3. Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE**Section 7(2) Exemption Codes**
☐ Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:

001 - Governmental Entity

☒ Month and year your State Business License expires: 06 2010

002 - 501(c) Nonprofit Entity

☐ This corporation is a publicly traded corporation. The Central Index Key number is:

003 - Home-based Business

☐ This publicly traded corporation is not required to have a Central Index Key number.

004 - Natural Person with 4 or less rental dwelling units

005 - Motion Picture Company

006 - NRS 680B.020 Insurance Co.

NAME ALLAN G HOLMS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)		
ADDRESS 375 N. Stephanie St. - Suite 1411, USA	CITY Henderson	STATE NV	ZIP CODE 89014-8909
NAME ROBYN HOLMS	TITLE(S) SECRETARY (OR EQUIVALENT OF)		
ADDRESS 375 N. Stephanie St. - Suite 1411, USA	CITY Henderson	STATE NV	ZIP CODE 89014-8909
NAME ROBYN HOLMS	TITLE(S) TREASURER (OR EQUIVALENT OF)		
ADDRESS 375 N. Stephanie St. - Suite 1411, USA	CITY Henderson	STATE NV	ZIP CODE 89014-8909
NAME ALLAN G HOLMS	TITLE(S) DIRECTOR		
ADDRESS 375 N. Stephanie St. - Suite 1411, USA	CITY Henderson	STATE NV	ZIP CODE 89014-8909

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 13 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

ROBYN HOLMS

X**Signature of Officer**

Title Secretary	Date 7/20/2010 10:34:47 PM
--------------------	-------------------------------

Nevada Secretary of State Annual List Profit
Revised: 8-5-09

**(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

A.A.T. & ASSOCIATES, INC.

C15582-1999

NAME OF CORPORATION

FOR THE FILING PERIOD OF 6/2011 TO 6/2012


****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

110101

INCORP SERVICES, INC. (Commercial Registered Agent)
2360 CORPORATE CIRCLE STE 400
HENDERSON, NV 89074-7722 USA

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20110418886-09 Filing Date and Time 06/03/2011 5:45 PM Entity Number C15582-1999
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(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional officers, attach a list of them to this form.
3. Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE**Section 7(2) Exemption Codes**

- ☐ Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:
- ☐ Month and year your State Business License expires: 20
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:
- ☐ This publicly traded corporation is not required to have a Central Index Key number.
- 001 - Governmental Entity
002 - 501(c) Nonprofit Entity
003 - Home-based Business
004 - Natural Person with 4 or less rental dwelling units
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME ALLAN G HOLMS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722
NAME ROBYN HOLMS	TITLE(S) SECRETARY (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722
NAME ROBYN HOLMS	TITLE(S) TREASURER (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722
NAME ALLAN G HOLMS	TITLE(S) DIRECTOR		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

ROBYN HOLMS

X**Signature of Officer**

Title
SECRETARY

Date
6/3/2011 5:44:39 PM

Nevada Secretary of State Annual List Profit
Revised: 8-5-09

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

A.A.T. & ASSOCIATES, INC.

C15582-1999

NAME OF CORPORATION

FOR THE FILING PERIOD OF 6/2012 TO 6/2013

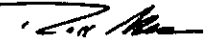
****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

110101

INCORP SERVICES, INC. (Commercial Registered Agent)
 2360 CORPORATE CIRCLE STE 400
 HENDERSON, NV 89074-7722 USA

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20120451314-13 Filing Date and Time 06/27/2012 4:28 PM Entity Number C15582-1999
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(This document was filed electronically)
ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional officers, attach a list of them to this form.
3. Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE**Section 7(2) Exemption Codes**

- ☐ Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:
- ☐ Month and year your State Business License expires: 20
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:
- ☐ This publicly traded corporation is not required to have a Central Index Key number.
- 001 - Governmental Entity
 002 - 501(c) Nonprofit Entity
 003 - Home-based Business
 004 - Natural Person with 4 or less rental dwelling units
 005 - Motion Picture Company
 006 - NRS 680B.020 Insurance Co.

NAME ALLAN G HOLMS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722
NAME ROBYN HOLMS	TITLE(S) SECRETARY (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722
NAME ROBYN HOLMS	TITLE(S) TREASURER (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722
NAME ALLAN G HOLMS	TITLE(S) DIRECTOR		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 16 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

ROBYN HOLMS

X**Signature of Officer**

Title
SECRETARY

Date
6/27/2012 4:27:38 PM

Nevada Secretary of State Annual List Profit
 Revised: 8-5-09

**(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND
STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

A.A.T. & ASSOCIATES, INC.

C15582-1999

NAME OF CORPORATION

FOR THE FILING PERIOD OF 6/2013 TO 6/2014

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

110105

INCORP SERVICES, INC. (Commercial Registered Agent)

2360 CORPORATE CIRCLE STE 400

HENDERSON, NV 89074-7722 USA

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20130417634-81 Filing Date and Time 06/25/2013 12:10 PM Entity Number C15582-1999
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☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional officers, attach a list of them to this form.
3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: **NRS 76.020 Exemption Codes**
NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.
☐ This corporation is a publicly traded corporation. The Central Index Key number is:
☐ This publicly traded corporation is not required to have a Central Index Key number.

001 - Governmental Entity
 005 - Motion Picture Company
 006 - NRS 680B.020 Insurance Co.

NAME ALLAN G HOLMS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722
NAME ROBYN HOLMS	TITLE(S) SECRETARY (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722
NAME ROBYN HOLMS	TITLE(S) TREASURER (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722
NAME ALLAN G HOLMS	TITLE(S) DIRECTOR		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7722

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

ROBYN HOLMS

X

Signature of Officer

Title SECRETARY	Date 6/25/2013 12:05:48 PM
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Nevada Secretary of State Annual List Profit
Revised 3-9-12

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER

A.A.T. & ASSOCIATES, INC.

C15582-1999

NAME OF CORPORATION

FOR THE FILING PERIOD OF 6/2014 TO 6/2015



100101

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

- ☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20140445061-67 Filing Date and Time 06/19/2014 12:00 PM Entity Number C15582-1999
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(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: **NRS 76.020 Exemption Codes**
NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.
 001 - Governmental Entity
 005 - Motion Picture Company
 006 - NRS 680B.020 Insurance Co.
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:
- ☐ This publicly traded corporation is not required to have a Central Index Key number.

NAME ALLAN G HOLMS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7739
NAME ROBYN HOLMS	TITLE(S) SECRETARY (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7739
NAME ROBYN HOLMS	TITLE(S) TREASURER (OR EQUIVALENT OF)		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7739
NAME ALLAN G HOLMS	TITLE(S) DIRECTOR		
ADDRESS 2360 CORPORATE CIRCLE - SUITE 400	CITY HENDERSON	STATE NV	ZIP CODE 89074-7739

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X ROBYN HOLMS

**Signature of Officer or
Other Authorized Signature**

Title
SECRETARY

Date
6/19/2014 12:01:08 PM

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:A.A.T. & ASSOCIATES, INC.
NAME OF CORPORATION

ENTITY NUMBER

C15582-1999

FOR THE FILING PERIOD OF 6/2015 TO 6/2016



100102

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

- ☒
- Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ABOVE SPACE IS FOR OFFICE USE ONLY

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20150311972-71 Filing Date and Time 06/29/2015 8:14 AM Entity Number C15582-1999
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CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: 001 **NRS 76.020 Exemption Codes**
NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.
- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:
- ☐ This publicly traded corporation is not required to have a Central Index Key number.

001 - Governmental Entity
 005 - Motion Picture Company
 006 - NRS 680B.020 Insurance Co.

NAME ALLAN G HOLMS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)		
ADDRESS 2360 Corporate Circle, Suite 400	CITY Henderson	STATE NV	ZIP CODE 89074-7739
NAME ROBYN HOLMS	TITLE(S) SECRETARY (OR EQUIVALENT OF)		
ADDRESS 2360 Corporate Circle, Suite 400	CITY Henderson	STATE NV	ZIP CODE 89074-7739
NAME ROBYN HOLMS	TITLE(S) TREASURER (OR EQUIVALENT OF)		
ADDRESS 2360 Corporate Circle, Suite 400	CITY Henderson	STATE NV	ZIP CODE 89074-7739
NAME ALLAN G HOLMS	TITLE(S) DIRECTOR		
ADDRESS 2360 Corporate Circle, Suite 400	CITY Henderson	STATE NV	ZIP CODE 89074-7739

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X *[Signature]*
 Signature of Officer or
 Other Authorized Signature

Title
PRESIDENT

Date
6/29/2015

Nevada Secretary of State List Profit
 Revised: 1-5-15

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER

A.A.T. & ASSOCIATES, INC.

C15582-1999

NAME OF CORPORATION

FOR THE FILING PERIOD OF 6/2016 TO 6/2017



100103

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****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverfilume.gov****

- ☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$500.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20160294736-50 Filing Date and Time 06/30/2016 1:00 PM Entity Number C15582-1999
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(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: **NRS 76.020 Exemption Codes**
NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.
☐ This corporation is a publicly traded corporation. The Central Index Key number is:
☐ This publicly traded corporation is not required to have a Central Index Key number.

001 - Governmental Entity
 005 - Motion Picture Company
 006 - NRS 680B.020 Insurance Co.

NAME ALLAN G HOLMS	TITLE(S) PRESIDENT (OR EQUIVALENT OF)		
ADDRESS 3773 HOWARD HUGHES PKWY - SUITE 500S	CITY LAS VEGAS	STATE NV	ZIP CODE 89169-6014
NAME ROBYN HOLMS	TITLE(S) SECRETARY (OR EQUIVALENT OF)		
ADDRESS 3773 HOWARD HUGHES PKWY - SUITE 500S	CITY LAS VEGAS	STATE NV	ZIP CODE 89169-6014
NAME ROBYN HOLMS	TITLE(S) TREASURER (OR EQUIVALENT OF)		
ADDRESS 3773 HOWARD HUGHES PKWY - SUITE 500S	CITY LAS VEGAS	STATE NV	ZIP CODE 89169-6014
NAME ALLAN G HOLMS	TITLE(S) DIRECTOR		
ADDRESS 3773 HOWARD HUGHES PKWY - SUITE 500S	CITY LAS VEGAS	STATE NV	ZIP CODE 89169-6014

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X ROBYN HOLMS

Title SECRETARY	Date 6/30/2016 12:59:50 PM
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Signature of Officer or
 Other Authorized Signature

Nevada Secretary of State List Profit
 Revised: 7-1-15

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:**A.A.T. & ASSOCIATES, INC.**

NAME OF CORPORATION

ENTITY NUMBER

C15582-1999

FOR THE FILING PERIOD OF

TO

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

- ☒ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ABOVE SPACE IS FOR OFFICE USE ONLY

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.


- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:

- ☐ This publicly traded corporation is not required to have a Central Index Key number.

NAME Julia Lee ADDRESS 3773 Howard Hughes Parkway - Suite 500S	TITLE(S) PRESIDENT (OR EQUIVALENT OF) CITY Las Vegas STATE NV ZIP CODE 89169-6014
NAME Julia Lee ADDRESS 3773 Howard Hughes Parkway - Suite 500S	TITLE(S) SECRETARY (OR EQUIVALENT OF) CITY Las Vegas STATE NV ZIP CODE 89169-6014
NAME Julia Lee ADDRESS 3773 Howard Hughes Parkway - Suite 500S	TITLE(S) TREASURER (OR EQUIVALENT OF) CITY Las Vegas STATE NV ZIP CODE 89169-6014
NAME Julia Lee ADDRESS 3773 Howard Hughes Parkway - Suite 500S	TITLE(S) DIRECTOR CITY Las Vegas STATE NV ZIP CODE 89169-6014

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.336, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X 
 Signature of Officer or
 Other Authorized Signature

Title
 President

Date
 Mar 9, 2017

Nevada Secretary of State List Profit
 Revised: 1-5-15